

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-14-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes: 64445, 76000, and J0585.

II. FINDINGS & RATIONALE

The requestor contends that they were not contracted with insurance carrier since November 1, 1999. The insurance carrier contends that "Requestor claims it is not subject to 1st Health Discount based upon a cancellation effective November 1, 1999. However, the bill reviewers' records show that as of the DOS in this case, the Requestor was subject to the discount regardless of a prior one time withdrawal."

Neither party submitted contract information; therefore, services will be reviewed per *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
5-14-02 7-16-02	64445	\$300.00	\$136.80 \$68.40	C	\$152.00	CPT Code Descriptor	MAR reimbursement of \$152.00 minus amount paid of \$136.80 = \$15.20. The requestor is seeking additional reimbursement of \$7.60 for 7-16-02. Total additional reimbursement of \$15.20 + \$7.60 = \$22.80 is recommended.
5-14-02	76000	\$150.00	\$19.80	C	\$22.00 \$88.00	CPT Code Descriptor	MAR reimbursement of \$22.00 minus amount paid of \$19.80 = \$2.20.
7-16-02	J0585 – Botox 100 units	\$750.00	\$11.12	C	DOP	CPT Code Descriptor	Requestor noted MAR was \$431.20 (\$392.00 + 10%) less previously paid of \$11.12 = \$420.08. The amount billed was not disputed as not fair and reasonable; therefore, reimbursement of \$420.08.
TOTAL							The requestor is entitled to reimbursement of \$445.08 .

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, 64445, 76000, and J0585, in the amount of **\$445.08**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$445.08** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 2nd day of February 2005.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division